

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		5/10
O.I.P.E. CLASSIFIER			5/11/88
FORMALITY REVIEW	UNNO	108831	02099

### INDEX OF CLAIMS

✓ ..... Rejected	N ..... Non-elected
" ..... Allowed	I ..... Interference
(Through numeral)... Canceled	A ..... Appeal
÷ ..... Restricted	O ..... Objected

Claim	Date				
Final	Original	12/12/82	7/12/83	12/11/83	5/28/84
1	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓
12	✓	✓	✓	✓	✓
13	✓	✓	✓	✓	✓
14	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓
16	✓	✓	✓	✓	✓
17	✓	✓	✓	✓	✓
18	✓	✓	✓	✓	✓
19	✓	✓	✓	✓	✓
20	✓	✓	✓	✓	✓
21	✓	✓	✓	✓	✓
22	✓	✓	✓	✓	✓
23	✓	✓	✓	✓	✓
24	✓	✓	✓	✓	✓
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Claim	Date				
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Claim	Date				
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If more than 150 claims or 10 actions  
staple additional sheet here